



Town of Arlington
PERSONNEL DEPARTMENT
730 Massachusetts Avenue
Arlington, MA 02476

APPLICATION FOR EMPLOYMENT**
PLEASE PRINT OR TYPE (Fill in all required information)

A. GENERAL INFORMATION

List position (s) for which you are applying:

First	Middle	Last Name
No. & Street		
Town	State	Zip Code
Phone No.	Business Phone (if permissible to use)	
Social Security No.		

Date of Birth _____ (Optional- will be required to be furnished upon employment.)

Do you hold a valid Mass. Driver's License?
Yes ☐ No ☐ If yes, which class?

A ☐ B ☐ C ☐ D ☐

List any machines and equipment you are trained to operate:

Do you have any relatives employed by the Town? Yes ☐ No ☐
If yes, please name them.

Are you a United States citizen?
If no, specify type of visa or work permit.

Personal Computer Experience (list software programs):

U.S. Military Service Data for Veteran's Preference:
Have you ever served in the Armed Forces of the United States (Army, Navy, Air Force, Marines, or Coast Guard)? Yes ☐ No ☐
If yes, attach a photocopy of your discharge form (DD214)

Are you the widowed or un-remarried spouse or parent of a veteran who died from a service-connected disability incurred in war time service? (WWI, WWII, Korean or Vietnam Conflicts, or Persian Gulf?)

Yes ☐ No ☐

Other Special Skills you have that relate to the position (s) for which you are applying:

B. EMPLOYMENT REFERENCES

Please list three persons whom we can contact, other than your immediate supervisors, who are able to evaluate your professional knowledge and ability, and/or your work record.

	1	2	3
Name			
Title			
Company			
Address			
Phone			

NOTE: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.

** Applicants for certain positions may be required to complete a Supplemental Application for Employment in addition to this form.

EOE/ADA



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PLEASE COMPLETE ALL ITEMS ON THIS PAGE EVEN IF A RESUME IS ATTACHED

C. EDUCATION: CIRCLE THE NUMBER CORRESPONDING TO HIGHEST LEVEL OF EDUCATION COMPLETED.

Elem – High School Post H.S. Voc/Tech College Graduate School
8 9 10 11 12 1 2 3 1 2 3 4 5 1 2 3 4

High school equivalency diploma (GED) date earned _____ Granting agency _____
List in reverse chronological order (Present or last shown first) all Colleges and Universities, Technical, Vocational, and Trade Schools and High Schools attended.

1.	Name of School	Address	Dates Attended from/to	Major Subject (s)	Diploma/Degree (if none, no. of credits)
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|----|--|--|--|--|--|
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

List certifications, licenses, registrations, applicable courses, and membership in Trade Associations or societies.

D. EXPERIENCE

Describe below all work experience in the past 5 years or your most recent 3 jobs, whichever will provide the most complete information about your work history. You may include any verifiable work performed on a volunteer basis. You may also provide information beyond 5 years or 3 jobs. (Use additional sheets of paper if necessary.)

1. Name of firm	Summary of your duties and responsibilities
Address _____	
Your job title _____	
Supervisor (name and title) _____	
Telephone No. _____	
Employed From: _____ To: _____ Month/Year Month/Year	
Full Time _____; if part time Hours/Weekly _____	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving _____

2. Name of firm	Summary of your duties and responsibilities
Address _____	
Your job title _____	
Supervisor (name and title) _____	
Telephone No. _____	
Employed From: _____ To: _____ Month/Year Month/Year	
Full Time _____; if part time Hours/Weekly _____	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving _____

3. Name of firm	Summary of your duties and responsibilities
Address _____	
Your job title _____	
Supervisor (name and title) _____	
Telephone No. _____	
Employed From: _____ To: _____ Month/Year Month/Year	
Full Time _____; if part time Hours/Weekly _____	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving _____

E. STATEMENT

The following statement must be read and signed in order for your application to be accepted and considered. I understand that employment with the Town of Arlington depends upon the result of satisfactory replies from my references, past employers, and a favorable report on my physical examination, should one be requested; the satisfactory completion of a probationary period and a Civil Service appointment if applicable.

I hereby certify that my application form and any attachments to it contain no false information and are complete to the best of my knowledge. I am aware that if an investigation reveals misrepresentation or falsification, my application will be rejected, my name will be removed from any registers or lists, and if already employed, I may be immediately dismissed, and I may be disqualified from applying for any position with the Town of Arlington in the future. I hereby release any person or firm from any and all liability for damages pertaining to information supplied during the investigation of and processing of this application.

Signature of Applicant (do not print) _____ Date _____